

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; width: 100%;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name of Payee Campaign HQ			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 13 / 2018		
Mailing Address 109 West Front St			Amount 3000.00		
City Brooklyn	State IN	Zip Code 52211	Transaction ID : SE.9689		
Purpose of Expenditure Phone calls		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 13 / 2018		
Name of Federal Candidate SACCONE, RICK, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 18 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ► Special-General		

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Mailing Address 109 West Front St			Amount 3000.00		
City Brooklyn	State IN	Zip Code 52211	Transaction ID : SE.9691		
Purpose of Expenditure Phones		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 13 / 2018		
Name of Federal Candidate LAMB, CONOR, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 18 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ► Special-General		

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	6000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ►	
(c) TOTAL Independent Expenditures..... ►	6000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 03 / 13 / 2018

Signature